

<b>Case Number:</b>	CM15-0217938		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33 year old male who sustained an industrial injury on 1-27-15. He is not working. Medical records indicate that the injured worker was being treated for herniated nucleus pulposus L5-S1; acute herniated nucleus pulposus right L5-S1; lumbar radiculopathy; lumbar spondylosis. He currently (10-12-15) complains of progressive low back pain and bilateral lower extremity numbness and tingling and he is falling. His pain level was 8-9 out of 10 without medication and 5 out of 10 with medication. He has muscle spasms. Physical exam revealed lumbar tenderness, muscle spasms straight leg raise and bowstring were positive bilaterally, decreased sensation, unable to toe-walk. He ambulates with a cane. Diagnostics include MRI of the lumbar spine (4-16-15) showing L5-S1 herniated nucleus pulposus; x-rays (9-21-15) showing disc space narrowing at L5-S1; MRI lumbar spine (9-30-15) showing herniated nucleus pulposus L5-S1. Treatments to date include medications: naproxen, cyclobenzaprine, tramadol, Norco, Zofran, Percocet; back brace; chiropractic treatments; injections. In the 9-9-15 progress note the treating provider's plan of care included recommending heat and cold modalities in addition to stretching. The request for authorization was not present. On 10-6-15 Utilization review non-certified the requests for meds-4 interferential unit; cold therapy unit; hot therapy unit.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Meds-4 Interferential unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Interferential therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The injured worker is a 33-year-old male with a herniated intervertebral disc at L5-S1. He has been certified for anterior lumbar decompression and interbody fusion at L5- S1. The current request pertains to a meds 4 interferential unit. This is a combined neuromuscular stimulation and interferential electrical stimulation unit. California MTUS chronic pain treatment guidelines do not recommend neuromuscular stimulation except after a stroke. The interferential electrical stimulation is also not recommended as there is no evidence of efficacy. As such, the request for meds 4 interferential unit is not supported and the medical necessity of the request has not been substantiated.

**Hot therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 09/22/15) - Online Version, Heat therapy.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Heat therapy.

**Decision rationale:** With regard to the heat unit, California MTUS guidelines state that at home local applications of heat or cold are as effective as those performed by therapists. ODG guidelines recommend cold/heat packs as an option for acute pain. Local applications of cold packs are applied in the first few days of acute complaint and thereafter application of heat packs or cold packs. Continuous low-level heat wrap therapy is also recommended but not for postoperative use. In this case, the injured worker is undergoing low back surgery. As such, the request for a heat unit is not supported and the medical necessity of the request has not been substantiated.

**Cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 09/22/15) - Online Version, cold/ heat packs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Cold /heat packs.

**Decision rationale:** With regard to the request for cold unit, ODG guidelines do not support continuous-flow cryotherapy for low back surgery. The indications include shoulder surgery, knee surgery and carpal tunnel surgery. For the back, cold packs are recommended as an option for acute pain for the first few days. As such, the request for a cold unit is not supported and the medical necessity of the request has not been substantiated.